



**Solicitation Information
November 18, 2013**

RFP#7537373

TITLE: Total Cost of Care / Drivers of Medical Spending

Submission Deadline: December 17, 2013 @ 10:00 AM (Eastern Time)

PRE-BID/ PROPOSAL CONFERENCE: No

MANDATORY:

If YES, any Vendor who intends to submit a bid proposal in response to this solicitation must have its designated representative attend the mandatory Pre-Bid/ Proposal Conference. The representative must register at the Pre-Bid/ Proposal Conference and disclose the identity of the vendor whom he/she represents. A vendor's failure to attend and register at the mandatory Pre-Bid/ Proposal Conference shall result in disqualification of the vendor's bid proposals as non-responsive to the solicitation.

DATE:

LOCATION:

Questions concerning this solicitation must be received by the Division of Purchases at David.Francis@purchasing.ri.gov no later than **November 26, 2013 @ 10:00 AM (ET)**. Questions should be submitted in a *Microsoft Word attachment*. Please reference the RFP# on all correspondence. Questions received, if any, will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information.

SURETY REQUIRED: No

BOND REQUIRED: No

David J. Francis
Interdepartmental Project Manager

Applicants must register on-line at the State Purchasing Website at www.purchasing.ri.gov

Note to Applicants:

Offers received without the entire completed four-page RIVIP Generated Bidder Certification Form attached may result in disqualification.

THIS PAGE IS NOT A BIDDER CERTIFICATION FORM

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SECTION 1: INTRODUCTION

The Rhode Island Department of Administration/Division of Purchases, on behalf of the Rhode Island Office of the Health Insurance Commissioner (“OHIC”), is soliciting proposals from qualified firms to **provide analytic evaluations related to the health care spending components listed herein**, in accordance with the terms of this Request for Proposals and the State’s General Conditions of Purchase, which may be obtained at the Rhode Island Division of Purchases Home Page by Internet at www.purchasing.ri.us. **This project will support both the state’s health planning efforts and OHIC’s rate review responsibilities.**

The initial contract period will begin approximately February 1, 2014 for one year. Contracts may be renewed for up to four additional 12-month periods based on vendor performance and the availability of funds.

This is a Request for Proposals, not an Invitation for Bid. Responses will be evaluated on the basis of the relative merits of the proposal, in addition to price; there will be no public opening and reading of responses received by the Division of Purchases pursuant to this Request, other than to name those offerors who have submitted proposals.

INSTRUCTIONS AND NOTIFICATIONS TO OFFERORS:

1. Potential vendors are advised to review all sections of this RFP carefully and to follow instructions completely, as failure to make a complete submission as described elsewhere herein may result in rejection of the proposal.
2. Alternative approaches and/or methodologies to accomplish the desired or intended results of this procurement are solicited. However, proposals which depart from or materially alter the terms, requirements, or scope of work defined by this RFP will be rejected as being non-responsive.
3. All costs associated with developing or submitting a proposal in response to this RFP, or to provide oral or written clarification of its content shall be borne by the vendor. The State assumes no responsibility for these costs.
4. Proposals are considered to be irrevocable for a period of not less than 120 days following the opening date, and may not be withdrawn, except with the express written permission of the State Purchasing Agent.
5. All pricing submitted will be considered to be firm and fixed unless otherwise indicated herein.
6. Proposals misdirected to other state locations, or which are otherwise not present in the Division at the time of opening for any cause will be determined to be late and will not be considered. For the purposes of this requirement, the official time and date shall be that of the time clock in the reception area of the Division.

7. It is intended that an award pursuant to this RFP will be made to a prime vendor, or prime vendors in the various categories, who will assume responsibility for all aspects of the work. Joint venture and cooperative proposals will not be considered. Subcontracts are permitted, provided that their use is clearly indicated in the vendor's proposal and the subcontractor(s) to be used is identified in the proposal.
8. All proposals should include the vendor's FEIN or Social Security number as evidenced by a W9, downloadable from the Division's website at www.purchasing.ri.gov.
9. The purchase of services under an award made pursuant to this RFP will be contingent on the availability of funds.
10. Vendors are advised that all materials submitted to the State for consideration in response to this RFP will be considered to be Public Records as defined in Title 38, Chapter 2 of the General Laws of Rhode Island, without exception, and will be released for inspection immediately upon request once an award has been made.
11. Interested parties are instructed to peruse the Division of Purchases website on a regular basis, as additional information relating to this solicitation may be released in the form of an addendum to this RFP.
12. Equal Employment Opportunity (G.L. 1956 § 28-5.1-1, et seq.) – § 28-5.1-1 Declaration of policy – (a) Equal opportunity and affirmative action toward its achievement is the policy of all units of Rhode Island state government, including all public and quasi-public agencies, commissions, boards and authorities, and in the classified, unclassified, and non-classified services of state employment. This policy applies to all areas where State dollars are spent, in employment, public services, grants and financial assistance, and in state licensing and regulation.
13. In accordance with Title 7, Chapter 1.2 of the General Laws of Rhode Island, no foreign corporation, a corporation without a Rhode Island business address, shall have the right to transact business in the State until it shall have procured a Certificate of Authority to do so from the Rhode Island Secretary of State (401-222-3040). This is a requirement only of the successful vendor(s).
14. The vendor should be aware of the State's Minority Business Enterprise (MBE) requirements, which address the State's goal of ten percent (10%) participation by MBE's in all State procurements. For further information visit the website www.mbe.ri.gov
15. Under HIPAA, a "business associate" is a person or entity, other than a member of the workforce of a HIPAA covered entity, who performs functions or activities on behalf of, or provides certain services to, a HIPAA covered entity that involves access by the business associate to HIPAA protected health information. A "business associate" also is

a subcontractor that creates, receives, maintains, or transmits HIPAA protected health information on behalf of another business associate. The HIPAA rules generally require that HIPAA covered entities and business associates enter into contracts with their business associates to ensure that the business associates will appropriately safeguard HIPAA protected health information. Therefore, if a Contractor qualifies as a business associate, it will be required to sign a HIPAA business associate agreement

16. In order to perform the contemplated services related to the Rhode Island Health Benefits Exchange (HealthSourceRI), the vendor hereby certifies that it is an “eligible entity,” as defined by 45 C.F.R. § 155.110, in order to carry out one or more of the responsibilities of a health insurance exchange. The vendor agrees to indemnify and hold the State of Rhode Island harmless for all expenses that are deemed to be unallowable by the Federal government because it is determined that the vendor is not an “eligible entity,” as defined by 45 C.F.R. § 155.110.

SECTION 2: BACKGROUND

Authority to Bill for Services

Pursuant to Chapter 23 of the General Laws of the State of Rhode Island, OHIC is authorized to contract with vendors for analysis of health care claims and health care data and to collect fees for such tests.

A total cost of care analysis is critical to OHIC’s ability to view the health care system as a whole and improve overall efficiency, quality, and access. The report will support OHIC’s core initiatives, including the All Payer Claims Database (APCD), the Chronic Care Sustainability Initiative (CSI-RI; the state’s Patient Centered Medical Home), and insurer rate review. In particular, a consensus approach to calculating total costs of care, risk adjustment, and patient attribution will ensure future reporting and measurement, such as through the All Payer Claims Data and CSI-RI, reflect stakeholder-reviewed methodologies and address relevant concerns. Further, a complete understanding of total health spending in Rhode Island and its associated factors will enhance OHIC’s rate review process by providing an objective understanding of the drivers of rising health care spending and baseline spending data by service and geography.

The “Rhode Island Health Care Reform Act of 2013” also granted OHIC the statutory authority to collaborate with the Health Care Planning and Accountability Advisory Council (HCPAAC) to calculate annual Rhode Island health care expenditures (RIGL §23-81-4(i)). As co-chair of the HCPAAC with the Secretary of EOHHS, the Health Insurance Commissioner and OHIC will study the total cost of health care to inform both state health planning and the mission of both offices.

The Timely Role of a Total Cost of Care Analysis

Federal, state, and local authorities produce different assessments of how much Rhode Island spends on medical care, and how that spending varies by geography, service or provider because there is no consensus on how to define these units and what should be counted in the medical spending equation. For instance: does a patient's out-of-pocket spending count? What if the out-of-pocket spending is for over-the-counter medication? Does total spending include the amount an insurance company agreed to pay for a service or the amount that actually changed hands? Do we include the cost of unreimbursed services (charity care and bad debt)? How do we calculate spending for the uninsured? When comparing results across providers and zip codes, how should we adjust the data to account for the fact that sicker, older patients are not evenly spread through the state and among providers? How do we best attribute patients that have not listed a primary care physician back to a primary care group?

The total cost of care analysis described in this report would serve several functions, all of which will benefit from a common agreement on how to calculate and evaluate health spending data.

First, the report will support the Office of the Health Insurance Commissioner in its ability to see the system as a whole and assess health care spending and premium affordability. In particular, a consensus approach to calculating total costs of care, risk adjustment, and patient attribution will ensure future reporting and measurement, such as through the All Payer Claims Data and CSI-RI, truly track the intended elements, reflect stakeholder-reviewed methodologies and address relevant data caveats.

Further, a complete understanding of total health spending in Rhode Island and its associated factors will enhance OHIC's rate review process by providing an objective understanding of the drivers of rising health care spending and baseline spending data by service and geography. OHIC reviews proposed rates of increase (large group) and proposed base rates (individual and small group) from the four major insurers in the state annually. This process includes an actuarial review of submitted supporting data to justify the requested increases and the projected patterns in spending by service, demographic, and driver in the coming years. For instance, data submitted to OHIC may include total and PMPM (per member per month) spend information for inpatient services as well as its decomposition into price and utilization-driven past and future spending.

This report will both help validate the submitted data and add context to these non-uniform and payer-specific conclusions. OHIC is neither able to draw market-wide conclusions about spending and utilization patterns from the submitted data nor conclusively direct its regulatory resources to the sectors (i.e. price on inpatient services) in most need.

Second, the analysis will function as a baseline for a statewide health plan, providing foundational data and a common understanding of the way we calculate and define health spending. This base will assist the Council and future state health planning exercises to strategically deploy limited planning resources and evaluate competing planning proposals.

A key piece of the exercise outlined here includes developing, with HCPAAC, a consensus algorithm for defining and calculating health spending in Rhode Island. This consensus

will also include a recommended risk adjustment and patient attribution method for future provider-level spending calculations.

Specific Requirements

The vendor and assigned staff must possess 3-5 years of prior experience leading projects of similar size, scope and content. In particular, this experience will include:

- (1) Health policy, including payment arrangements and the Affordable Care Act;
- (2) The collection and analysis of health care costs and utilization information from private and public payers. Prior experience demonstrates ability to standardize and integrate discrete data sets for analysis and comparison, perform data integrity checks, capture payments that do not flow through claims payment systems and draw relevant, directional conclusions from the analysis;
- (3) Presentation of quantitative topics for policy discussion. Experience with actuarial decomposition of cost drivers is preferred.
- (4) Responding to the needs and expectations of a diverse stakeholder group (for this specific project, the group will build consensus for a standard method to calculate total medical spending in Rhode Island)

SECTION 3: SCOPE OF WORK

General Scope of Work

The Office of the Health Insurance Commissioner seeks technical assistance and health planning expertise to analyze the total cost of health care in Rhode Island as well as the drivers of spending.

The objective of this Request for Proposals (RFP) is to competitively procure the services of qualified vendors with extensive experience in federal and state health care planning, claims analytics, and policy analysis. Such qualified vendors are asked to competitively bid on the production of analytic evaluations as described herein.

The vendor must produce analytic evaluations on total cost of health care and the main factors (drivers) that contribute to rising health care spending in Rhode Island, such as service prices, the quantity of medical care delivered (volume), rising dominance of high-cost services (service mix), or the larger role of higher-cost provider locations (site mix). The components required in the analysis are listed in section 3.1 herein and the “drivers” evaluation will rely on line-level analysis and actuarial expertise. As part of its response, the vendor should describe the methodology for analyzing each content area as it will appear in the final analysis. Vendors are encouraged to consider the completion of Task 2, but this is not required as part of this competitive bidding process.

The Office of the Health Insurance Commissioner will utilize these analyses to inform rate review, health services delivery reform, and health planning efforts.

The vendor(s) must demonstrate significant expertise in its approaches to health policy, health planning methodologies, claims analytics, and technical writing. The vendor(s) must also meet the minimum requirements described in Sections 2 and 4.1 of this RFP.

The completion of this analytical evaluation will be under the direct supervision of OHIC; however, the vendor will work collaboratively with the DOH, EOHHS, and other state agency staff on this project.

Specific Activities / Tasks

TASK 1: Components of Analytic Evaluation

The analytic evaluation for total cost of health care should include, but may not be limited to, the following components:

- ✓ **Total Spending:** Calculate total annual health care spending for all Rhode Island residents- both insured (public and private) and uninsured (including charity care, bad debt). The analysis should:
 - Include at least the most recent three (3) years of health spending data from processed health claims and other sources;
 - Collect data from all payers and providers (this may include both primary data collection from payers and providers as well as assembling data and analyses already available from other sources);
 - Perform statewide analyses, with any geographic sub-analyses that may be relevant.
 - Reflect all healthcare expenditures, including behavioral and mental health, pharmaceuticals, dental, and vision care. Please see spending buckets in “Spending Breakdown”, below, and in Attachment D.
- ✓ **Comparison:** Determine, on a per-capita basis, how the spending compares to national benchmarks, regional benchmarks, and RI historical trends (for at least the most recent three years). Compare on a risk-adjusted basis where relevant. Not which service sectors are relative outliers in Rhode Island versus regional and national benchmarks.
- ✓ **Spending breakdown:** On a risk-adjusted basis (specific method should be a market-accepted, common tool such as the All Payer Refined-DRG) determine how this spending is allocated based on:
 - Geography within Rhode Island;
 - Payer type (commercial, Medicare, Medicaid)
 - Service type (see Attachment D, Center for Medicare and Medicaid Innovations (CMMI) categories);
 - Provider payment methods; and
 - Any other levels of analysis that OHIC or the vendor may identify, such as patient demographics and provider utilization patterns.
- ✓ **“Drivers”:** Determine the relative magnitudes of each of the primary components of health care spending in Rhode Island, including but not limited to the following:
 - Price;

- Utilization (volume of services provided);
 - Service Mix (the composition of services by price);
 - Site Mix (the composition of services by type of provider – i.e. hospital outpatient vs. physician office);
 - Quality outcomes, using a consistently-applied and nationally-recognized set of metrics, such as Medicare Compare or the Commonwealth Fund’s “Why Not the Best”
- ✓ **Methodology Recommendations:** Prepare and provide written explanations of methodologies and recommendations for the analytical process that are clear and concise, and are suitable for comprehension by those persons not engaged in the profession, including but not limited to:
- Complete independent research on the most common practices used to calculate total cost of health care, including calculation methods, common health status adjustment tools, and service definitions;
 - Specify in detail the data to be collected from payers and providers in order to perform the total cost of care analysis in the future, in accordance with the requirements contained herein. These recommendations should build on Rhode Island’s existing resources and projects (i.e. CSI-RI, the APCD, EOHHS data warehouse, and the State Healthcare Innovation Plan)
 - As part of the final written analytical evaluation, advise OHIC in the development of data quality checks, review data quality reports and metrics, and provide suggestions for maintaining stable data integrity;
 - Provide OHIC with a recommendation for a uniform method to determine total health care spending, factoring in socioeconomic status (SES) data, for the uninsured;
 - Provide OHIC with a recommendation for a uniform method to accurately attribute patients to appropriate primary care providers, in the event the patient has not either designated or been assigned to a provider;
 - Create a final written summary assessment of the total cost of health care calculation process and recommendations for future improvements; and
 - Perform any other reasonable duties that OHIC may require as part of this procurement.

TASK 2 – Special Projects/Enhancement Activities as Needed

In addition to the activities described under Task 1, OHIC reserves the option to direct the vendor(s) to conduct additional task(s) to support rate review and coordinated health planning activities in Rhode Island. It is critical that the State have the flexibility to bring on additional technical assistance and expertise in a timely manner to implement, evaluate, and make mid-course corrections to components of the State’s health planning and rate review activities. In addition, the State may have the need for technical assistance in the planning, development, and implementation of new health programs, initiatives, business methods, and analyses in response to changes in federal law and regulation, state legislation, and best practice advances in health policy and health planning methodologies.

The Vendor(s) must be able to demonstrate the capacity, capability, flexibility and responsiveness in response to the OHIC’s need for additional technical assistance resources

to perform additional tasks that require similar expertise and work functions as required for Task 1. OHIC will specify a contractual allowance, if any, to be included in the contract for this purpose, and to be used at the state's option.

It is OHIC's intent to utilize these additional resources/enhanced activities as needed in response to OHIC's changing needs and requirements and as funding allows. This may include the use of new project funding through federal or foundation grants or other sources.

The decision to utilize contract services under Task 2 will be OHIC's request for specific enhancement activities, not already included under Tasks 1, to be defined and agreed to in writing, by both OHIC and the vendor, before the enhancement work begins. There is no commitment on the part of the OHIC to specifically utilize any or all of the special projects/enhancement activities.

This task will be bid and paid on a fully loaded time and materials basis.

Other vendor responsibilities:

Contractors Shall –

- Prepare recommendation and summary reports in a clear and concise manner and submit the work within the requested time frames;
- Respond to OHIC inquiries and be available to meet, discuss, or review materials in a timely manner;
 - At a minimum, the Vendor agrees to meet with the OHIC team on a weekly basis and present, in person, to the HCPAAC at least twice.
- Work cooperatively as a member of a team, including working collaboratively with other OHIC consultants and other staff involved in health planning activities.
- Maintain the highest standards of professionalism and integrity, including appropriate confidentiality;
- Maintain a high level of performance, quality, and productivity
- Interact effectively with a wide range of stakeholders, including health insurers, physicians, hospitals, consumer advocates, health planning council members, and government officials;

Cancellation Clause: With a sixty (60) day the OHIC team may cancel the contract for cause. The Vendor must perform for the duration of the contract.

SECTION 4: TECHNICAL PROPOSAL

Narrative and format: The separate technical proposal should address specifically each of the required elements:

1. Staff Qualifications – Provide staff resumes/CV and describe qualifications and

experience of key staff who will be involved in this project, including their experience in the claims analytics, health policy, and discussion of quantitative topics from a policy perspective. The assigned staff must possess 3-5 years of prior experience leading projects of similar size, scope and content. (see “Specific Requirements” on page 6 for further details).

2. Capability, Capacity, and Qualifications of the Offeror - Please provide a detailed description of the Vendor’s experience in collecting, cleaning, and analyzing claims data. A list of relevant client references for topics of similar size and scope must be provided, to include client names, addresses, phone numbers, dates of service and type(s) of service(s) provided. The vendor must possess 3-5 years of prior experience leading projects of similar size, scope and content (see “Specific Requirements” on page 6 for further details).
- 3 Work plan - Please describe in detail, the framework within which requested analyses, synthesis and presentation will be performed. The following elements must be included: 1) data collection, cleaning, and analysis 2) reconciling missing or inconsistent information, 3) verification with data submitters, and 4) presentation of interim and final trends to HCPAAC and OHIC
- 4 Approach/Methodology – Define the methodology to be used for the synthesis of disparate data sources into discrete geographies and buckets of health care services, quality assurance methods, and method for decomposing data into cost drivers. These methods will support both this analysis and future state work

SECTION 5: COST PROPOSAL

Detailed Budget and Budget Narrative:

Vendors must provide a separate, signed and sealed Cost Proposal using Appendix A: Budget Form. When formulating the cost proposal, vendors should present their costs by position with a fully loaded hourly rate. Please explain the basis and rationale of your fee structure. This project has a \$250,000 budget. The state is interested in receiving the best possible value for services.

SECTION 6: EVALUATION AND SELECTION

Proposals will be reviewed by a Technical Review Committee comprised of staff from state agencies. To advance to the Cost Evaluation phase, the Technical Proposal must receive a minimum of 60 (85.7%) out of a maximum of 70 technical points. Any technical proposals scoring less than 60 points will not have the cost component opened and evaluated. The proposal will be dropped from further consideration.

Proposals scoring 60 technical points or higher will be evaluated for cost and assigned up to a maximum of 30 points in cost category, bringing the potential maximum score to 100 points.

OHIC reserves the exclusive right to select the individual(s) or firm (vendor) that it deems to be in its best interest to accomplish the project as specified herein; and conversely, reserves the right not to fund any proposal(s).

Proposals will be reviewed and scored based upon the following criteria:

Criteria	Possible Points
Staff Qualifications	15 Points
Capability, Capacity, and Qualifications of the Offeror	25 Points
Quality of the Work plan	15 Points
Suitability of Approach/Methodology	15 Points
Total Possible Technical Points	70 Points
Cost calculated as lowest responsive cost proposal divided by (this cost proposal) times 30 points *	30 Points
Total Possible Points	100 Points

*The Low bidder will receive one hundred percent (100%) of the available points for cost. All other bidders will be awarded cost points based upon the following formula:

$$(\text{low bid} / \text{vendors bid}) * \text{available points}$$

For example: If the low bidder (Vendor A) bids \$65,000 and Vendor B bids \$100,000 for monthly cost and service fee and the total points available are Thirty (30), vendor B's cost points are calculated as follows:

$$\$65,000 / \$100,000 * 30 = 19.5$$

Points will be assigned based on the offeror's clear demonstration of his/her abilities to complete the work, apply appropriate methods to complete the work, create innovative solutions and quality of past performance in similar projects.

Applicants may be required to submit additional written information or be asked to make an oral presentation before the technical review committee to clarify statements made in their proposal.

SECTION 7: PROPOSAL SUBMISSION

Questions concerning this solicitation may be e-mailed to the Division of Purchases at David.Francis@purchasing.ri.gov no later than the date and time indicated on page one of this solicitation.

Please reference **RFP # 7537373** on all correspondence. Questions should be submitted in a Microsoft Word attachment. Answers to questions received, if any, will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information. If technical assistance is required to download, call the Help Desk at (401) 574-9709.

Offerors are encouraged to submit written questions to the Division of Purchases. **No other contact with State parties will be permitted.** Interested offerors may submit proposals to provide the services covered by this Request on or before the date and time listed on the cover page of this solicitation. Responses received after this date and time, as registered by the official time clock in the reception area of the Division of Purchases will not be considered.

Responses (**an original plus four (4) copies**) should be mailed or hand-delivered in a sealed envelope marked "**RFP# 7537373 Total Cost of Care / Drivers of Medical Spending**" to:

RI Dept. of Administration
Division of Purchases, 2nd floor
One Capitol Hill
Providence, RI 02908-5855

NOTE: Proposals received after the above-referenced due date and time will not be considered. Proposals misdirected to other State locations or those not presented to the Division of Purchases by the scheduled due date and time will be determined to be late and will not be considered. Proposals faxed, or emailed, to the Division of Purchases will not be considered. The official time clock is in the reception area of the Division of Purchases.

RESPONSE CONTENTS

Responses shall include the following:

1. A completed and signed four-page R.I.V.I.P generated bidder certification cover sheet downloaded from the RI Division of Purchases Internet home page at www.purchasing.ri.gov.
2. A completed and signed W-9 downloaded from the RI Division of Purchases Internet home page at www.purchasing.ri.gov.
3. **A separate Technical Proposal** describing the qualifications and background of the applicant and experience with and for similar projects, and all information described earlier in this solicitation. The Technical Proposal is limited to ten (10) pages (this excludes any appendices). As appropriate, resumes of key staff that will provide services covered by this request.
4. **A separate, signed and sealed Cost Proposal using Appendix A: Project Budget Form** reflecting the hourly rate and a budget narrative explaining the basis and rationale of your fee structure.
5. In addition to the multiple hard copies of proposals required, Respondents are requested to provide their proposal in **electronic format (CD-Rom, disc, or flash drive)**. Microsoft Word / Excel OR PDF format is preferable. Only 1 electronic copy is requested and it should be placed in the proposal marked "original".

CONCLUDING STATEMENTS

Notwithstanding the above, the State reserves the right not to award this contract or to award on the basis of cost alone, to accept or reject any or all proposals, and to award in its best interest.

Proposals found to be technically or substantially non-responsive at any point in the evaluation process will be rejected and not considered further.

The State may, at its sole option, elect to require presentation(s) by offerors clearly in consideration for award.

The State's General Conditions of Purchase contain the specific contract terms, stipulations and affirmations to be utilized for the contract awarded to the RFP. The State's General Conditions of Purchases/General Terms and Conditions can be found at the following URL: <https://www.purchasing.ri.gov/RIVIP/publicdocuments/ATTA.pdf>

APPENDIX A – PROJECT BUDGET

Project Budget													
	Feb 2014	Mar 2014	Apr 2014	May 2014	Jun 2014	Jul 2014	Aug 2014	Sep 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015	Total
Personnel - Salary & Benefits													0
Administrative Costs													0
Materials													0
Please itemize all additional other costs:													0
Other:													0
Other:													0
Other:													0
<i>Add additional rows as needed</i>													0
Total													0

APPENDIX B – PROJECT STAFFING TEMPLATE

#	Role	Task Order 1	Task Order 2	Total Hours
1	<i>EXAMPLE: Contract Manager</i>			-
2	<i>EXAMPLE: Project Director</i>			-
3				-
4				-
5				-
6				-
7				-
8				-
9				-
...	[insert additional roles as needed]			-
				-
	Total *			-

... Roles shown are examples. Add additional roles to reflect all positions included in this response.

* Total must equal Personnel total from Cost Detail by Task Order worksheets

APPENDIX C – PROJECT WORKPLAN

Project Key Milestones			Start Date	End Date	Vendor Lead	2013	2014											
						Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
FUNCTION 1:																		
	Milestone 1			FTE														
	Milestone 2...																	
	<Insert additional milestones as needed>																	
FUNCTION 2:																		
				FTE														
	<Insert additional milestones as needed>																	
FUNCTION 3:																		
				FTE														
	<Insert additional milestones as needed>																	
FUNCTION 4:																		
				FTE														
	<Insert additional milestones as needed>																	

**APPENDIX D – COST AND SPENDING CATEGORIES, PER CENTERS FOR MEDICARE AND
MEDICAID INNOVATION (“CMMI BUCKETS”)**

- Inpatient Hospital
- Outpatient Hospital (total)
- Emergency Department (subtotal)
- Professional Primary Care
- Professional Specialty Care
- Diagnostic Imaging/X-Ray
- Laboratory Services
- DME
- Dialysis Procedures
- Professional Other (e.g., PT, OT)
- Skilled Nursing Facility
- Home Health
- ICF/MR Home and Community-Based Services
- Other
- Prescription Drugs (Outpatient)